## **Brown County Building Department**

740 Mt. Orab Pike, Suite 2, Georgetown, Ohio 45121

(937) 378-4716

(937) 378-3017 Fax

	al Building Application  Print or type all information.		Date Complete all applica	ble spaces.
Project Name	e:			
		(street name)		
Lot No	Subdivision	Village Corp	Township	
Identification	1: (address to include street no. and z	ip code)		
Owner			Phone	
Present Addı	ress			
Contractor _			Phone	
Address				
Plans by			Phone	
Address				
Stories		· .		•
Parcel I.D. #	(Contact Brown County A	Auditor):		
	rtment Septic Approval N	umber:		
	mmission Approval?	YES NO		
Do Flood Re	egulations Apply?	YES NO		
		ork is authorized by the owner of record and that ations and all applicable laws of the State of Ohi		to make this application a
(sig	gnature of owner / agent)	(print or type name	e here)	(date)

## **Brown County Building Department – Checklist**

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Name of Applicant:	
Township:	Date:
<b>Board of Health Plumbing Requirements</b>	
Review:	
Action:	
Steve Dick, Board of Health, Sanitarian	Date
<b>Board of Health Septic Requirements</b>	
Review:	
Action:_	
Steve Dick, Board of Health, Sanitarian	Data
Steve Dick, Board of Health, Sanitarian	Date
Planning Commission Hill Side Requirements	
Review:	
Action:	
James Berry, Executive Secretary	Date
Brown County Planning Commission	
Planning Commission Drainage Plan Requiren	nents_
Review:	
Action:	
James Berry, Executive Secretary Brown County Planning Commission	Date